

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

3-334-62-014170

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

213

STATE FILE NUMBER

FILED APR 23 1962

1. PLACE OF DEATH

a. COUNTY

Boone

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Columbia mo life

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Boone County Hosp.

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

b. COUNTY

admission)

Missouri

Boone

c. CITY

OR TOWN

Columbia

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

23 W. Worley

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

ARCHIE E WILLIAMS

4. DATE

OF DEATH

Month

Day

Year

April

14

1962

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

12/20/1894

9. AGE (last birthday)

67

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Janitor

10b. KIND OF BUSINESS OR INDUSTRY

Columbia mo.

11. BIRTHPLACE (City and state or country)

U. S. A.

13a. FATHER'S NAME

James Williams

13b. MOTHER'S MAIDEN NAME

Sally

14. NAME OF HUSBAND OR WIFE

Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

Yes, no, or unknown) (If yes, give war or dates of service)

W-W-P

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Emma Drew Columbia mo

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Generalized arteriosclerosis, advanced

INTERVAL BETWEEN ONSET AND DEATH

Unknown

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerotic aneurysm of abdominal aorta with rupture

DUE TO (c)

Massive retroperitoneal hemorrhage

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Secondary massive hemorrhage following

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

20b. SUICIDE

20c. HOMICIDE

20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20e. TIME OF INJURY

Hour a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1952

to 14 Apr 62

and last saw him alive on 14 Apr 62

Death occurred at

7:30 PM

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

RP Ladurou MD

22b. ADDRESS

Columbia, Mo.

22c. DATE SIGNED

16 Apr 62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

4/18/62

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery Columbia

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

Mrs. Stuart Parker Columbia

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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MAY 4 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by ~~me~~,
or by Harold Warren, Student Embalmer No. 681
working under my personal supervision.

Student Harold Warren
Signature of Student Embalmer

Signed George Q. Trammell

Licensed Embalmer No. 4425

P. O. Address Columbia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.